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APPLICANTS

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**\*\* CONTINUING DATA \*\*** *OK RZ*

This application is a CIP of 09/690,936 10/18/2000 PAT 6,608,191  
 which is a CON of 08/988,321 12/10/1997 PAT 6,174,868  
 which is a CIP of 08/650,093 05/17/1996 PAT 6,391,542  
 which is a CIP of 08/452,841 05/30/1995 PAT 6,423,489  
 which is a CIP of 08/397,220 03/09/1995 PAT 6,284,458  
 which is a 371 of PCT/JP93/01293 09/10/1993  
 which is a CIP of 07/945,289 09/10/1992 ABN

**\*\* FOREIGN APPLICATIONS \*\*** *None RZ*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 07/12/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>David J. [Signature]</i> Examiner's Signature Initials	CA	0	18	2

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TITLE  
 Compositions and methods for treatment of hepatitis C virus-associated diseases

<b>FILING FEE</b>  <b>RECEIVED</b> 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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